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CONFIRMATION NO. 2808

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|---------------------------|--------------------------------|
| 10/593,665 | 08/02/2007 | 514 | 1624 | NV2-021 US | | |
| APPLICANTS Verity Dowdell, London, UNITED KINGDOM; Richard David Kelsey, London, UNITED KINGDOM; Malcolm Carter, London, UNITED KINGDOM; Elisa Henderson, London, UNITED KINGDOM; | | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/GB05/01050 03/21/2005 | | | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0406280.8 03/19/2004 UNITED KINGDOM 0406282.4 03/19/2004 UNITED KINGDOM 0423462.1 10/21/2004 | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/07/2007 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/BRUCK KIFLE/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY UNITED KINGDOM | SHEETS DRAWINGS 0 | TOTAL CLAIMS 12 | INDEPENDENT CLAIMS 1 |
| ADDRESS LAHIVE & COCKFIELD, LLP FLOOR 30, SUITE 3000 ONE POST OFFICE SQUARE BOSTON, MA 02109 UNITED STATES | | | | | | |
| TITLE Process for Preparing Benzodiazepines | | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
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